FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY

DATE RECEIVED

OMB Number:

Prefix

3235-0076

Expires: May 31, 2005 Estimated average burden

hours per response:

16.00

Serial



04032624						
Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) Goldman Sachs Hedge Fund Partners Institutional, Ltd.: Shares	1227919					
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐	Section 4(6) ULOE					
Type of Filing: ☐ New Filing ☐ Amendment						
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer	AR SECENED COM					
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	13					
Goldman Sachs Hedge Fund Partners Institutional, Ltd.	MIN 1 4 2004					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)					
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540	(609) 497-5500					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)					
Brief Description of Business						
To operate as a private investment fund.	PROCESSED					
Type of Business Organization	- PROGE					
☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	other (please specify), 18 2004					
☐ business trust ☐ limited partnership, to be formed	Exempted Limited Coulpany					
Actual or Estimated Date of Incorporation or Organization: Month Year 0 1 0 3	☐ Actual ☐ Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviat State: CN for Canada; FN for other foreign jurisdiction of Incorporation or Organization:						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
* Each promoter of the issuer, if the issuer has been organized within the past five years;									
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or n of the issuer;	nore c	of a class of equity securities							
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
* Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner							
Full Name (Last name first, if individual)									
Goldman Sachs Princeton LLC (the Issuer's Investment Manager)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* *of the Issuer's Investment Manager		General and/or Managing Partner							
Full Name (Last name first, if individual) Clark, Kent A.									
Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>								
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* *of the Issuer's Investment Manager		General and/or Managing Partner							
Full Name (Last name first, if individual)									
Lawson, Hugh J.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* * of Issuer's Investment Manager		General and/or Managing Partner							
Full Name (Last name first, if individual) Levy, Tobin V.		Annual Control of the							
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Investment Manager		General and/or Managing Partner							
Full Name (Last name first, if individual)									
Gall, Natalie M.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540		· · · · · · · · · · · · · · · · · · ·							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director * of the Issuer's Investment Manager		General and/or Managing Partner							
Full Name (Last name first, if individual)									
Judge, Karen M.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director		General and/or							

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

(Number and Street, City, State, Zip Code)

c/o Goldman Sachs Princeton LLC, 701 Mount Lucas Road, Princeton, New Jersey 08540

Full Name (Last name first, if individual)

Business or Residence Address

Kioko, Janice A.

				B. INI	FORMAT	ION ABO	UT OFFI	ERING	7			the cape
									Yes	No		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									☑			
2. What is the minimum investment that will be accepted from any individual?								\$	0,000*			
*The Company at its discretion may accept subscriptions for lesser amounts. 3. Does the offering permit joint ownership of a single unit?							Yes ☑	No				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if ind	ividual)									
	Sachs & C											
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
	Street, Nev			04								
Name of A	ssociated E	roker or De	aler							_		
				<u>.</u>	<u> </u>							
	Vhich Perso All States" o										⊠ Al'	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	irst, it ind	ividual)									
Dusinger	or Residence	Address (N	Jumbar and	Street City	· State 7in	Codo						
Dusiliess C	n Residence	: Address (1	number and	Sueet, City	y, State, Zip	(Code)						
Name of A	ssociated E	roker or De	aler									
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
•				ŕ								l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)		<u> </u>							
Business of	or Residence	Address (1	Number and	Street, City	y, State, Zip	Code)			· · · · · · · · · · · · · · · · · · ·			
Name of A	Associated E	roker or De	ealer									
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)											
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange-offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt	\$_	0	\$ 0
	Equity (Shares)	\$	192,864,747	192,864,747
	☐ Common ☐ Preferred	_		
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	0	0
	Other (Specify)	\$_		0
	Total	\$	192,864,747	\$ 192,864,747
	Answer also in Appendix, Column 3, if filing under ULOE.	-		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			A
			Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	_	172	\$ 192,864,747
	Non-accredited Investors	_	00	\$ 0
	Total (for filings under Rule 504 only)		N/A	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
	Type of offering		Type of Security	Dollar Amount Sold
	Rule 505		N/A	\$ N/A
	Regulation A		N/A	\$ N/A
	Rule 504	_	N/A	\$ N/A
	Total	_	N/A	\$ N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs			\$ 0
	Legal Fees		囡	\$ 85,122
	Accounting Fees		0	\$ 0
	Engineering Fees			\$ 0
	Sales Commissions (specify finders' fees separately)		囡	\$ 578,594
	Other Expenses (identify):			\$ 0
	Total		図	\$ 663,716

C. OFFERING PRICE, N	TUMBER OF INVESTORS, EX	PENS	ES A	AND USE OF PR	ROCE	EDS				
 b. Enter the difference between the aggreg - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to 5. Indicate below the amount of the adjusted to be used for each of the purposes shown furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above. 	in response to Part C - Question 4. the issuer." gross proceeds to the issuer used or p If the amount for any purpose is not the left of the estimate. The tota	a. Thi ropose knowr I of th	d n,		\$_		192,201,031			
to Part C - Question 4.0. above.				Payments to Officers, Directors, & Affiliates			Payments To Others			
Salaries and Fees			\$_	0	. 🗆	\$_	0			
Purchase of real estate			\$_	0		\$_	0			
Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0		\$_	0			
Construction or leasing of plant buildings as	nd facilities		\$_	0		\$_	0			
Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of	_	\$_	0		\$_	0			
Repayment of indebtedness			\$	0		\$	0			
Working capital			\$	0		\$	0			
Other (specify): Investment Capital			\$	0	_ Ø	\$	192,201,031			
Column Totals			\$	0	Ø	\$	192,201,031			
Total Payments Listed (column totals added				S \$	192,201,031					
	D. FEDERAL SIGNATU	RE		<u> </u>						
The issuer has duly caused this notice to be following signature constitutes an undertaking of its staff, the information furnished by the iss	by the issuer to furnish to the U.S. S	Securiti	ies ar	id Exchange Comn	nission,	upon	written request			
Issuer (Print or Type) Goldman Sachs Hedge Fund Partners Institutional, Ltd.	Signature Matalie M. Ja	W)	_	Date June 9, 2004		,				
Name of Signer (Print or Type)	Title of Signer (Print or Type)									
Natalie M. Gall	Vice President of the Issuer's Inves	stment	Mar	ager						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).